



Advisory Council to The Division of Developmental Disabilities

July 18, 2019
10 a.m. – 12 p.m.
1056 Governor's Avenue, Dover, DE

Council Members:

Terri Hancharick, Chair
Stan Trier
Tim Brooks
Angela Sipple
Gail Womble, via teleconference

Staff Members:

Marie Nonnenmacher, Director
Terry Macy, Director of Community Services
Stacy Watkins, Assistant Director of Community Services, Operations
Saundra Hale, Program Administrator of Incident Resolution
Kamin Giglio, Assistant Director of Community Services, Policy & Planning
James Dickinson, Director of Service Integrity & Enhancement
Katie Howe, Director of Program Integrity
Steven Perales, Program Director of Data Systems & Analytics

Other Attendees:

Vicky Gordy, minutes
Kyle Hodges, State Council for Persons with Disabilities
Jessica Nolden, U of D
Lauren Brooking, U of D
Terry Olson, The ARC of Delaware
Vivian Turner, CERTS, Inc.

Review of Previous Meeting Minutes

The Council approved the notes from April 18, 2019 retreat and the minutes from the May 16, 2019 meeting.

Meeting Minutes

Census

Council received census information for June 2019. Council member noted that DDDS clients living in nursing homes receiving specialized services increased by 17 from FY18 to FY19. The Omnibus Reconciliation Act (OBRA) of 1987, often referred to as the Nursing Home Reform Act, requires the provision of "specialized services" for persons with intellectual or developmental disabilities (or mental illness/mental health disorders) who reside in a nursing home when the person's service needs exceed that which are available within the nursing home setting. Therefore, the IDD agency and/or mental health agency are required to arrange for specialized services related to the person's individualized needs. DDDS dedicates a Senior Social Worker/Case Manager position to monitor and support people with IDD living in a nursing facility that identifies need for specialized services and ensures person receives specialized service. Not all people with IDD living in a nursing home receive DDDS services; however, this dedicated Case Manager monitors and supports each person regardless. Council members reminded that a number of people living in nursing homes are accessing LTSS. The numbers of people in this category can fluctuate month to month, year to year.

FY19 presents 354 people living at home in high-risk category, a decrease of eight from FY18. The risk assessment tool indicates the potential level of risk. When funding allows new residential site slots, risk groups are offer to shop for placement first, though some turn down offer and prefer to continue to live at home with the knowledge that if circumstances change, they can come back. One key factor of risk assessment is caregiver's age and health conditions, which change over time. Update: DDDS has made a change in process with regard to when this assessment is completed.

DDDS no longer completes this assessment when individuals are determined eligible for DDDS services. DDDS only completes it as a screening tool when individuals who have left school and are seeking DDDS support in a residential setting. Therefore, the assessment data in the Registry is “stale” and is no longer being updated. DDDS will no longer report on this data as part of the Census report.

Budget Update

- **FY20**

Council received the DHSS Cabinet Secretary’s Budget Highlights that included the following:

- **\$9.8 million** to continue funding Medicaid at its current levels and an additional **\$1.3 million** to provide adult dental coverage as part of the Medicaid service starting April 1, 2020.
- **\$3.2 million** for the Children’s Health Insurance Program (CHIP) to keep funding it at current levels (due to decreased federal funding)
- **\$4.2 million** to increase provider rates for services in the Division of Developmental Disabilities Services
- **\$1.8 million** to address the attendant services wait list in the Division of Services for Aging & Adults with Physical Disabilities (DSAAPD) and **\$1.7 million** to support growth in DSAAPD community services
DSAAPD has a self-directed attendant care program reserved for people not eligible for Medicaid that has a large waiting list. Funding of 1.8 million expects to cut waiting list by 60%. DDDS is unaware how DSAAPD prioritizes waiting list but will inquire and report to Council.
- **\$3.8 million** to support a market rate increase for child care providers
- **\$1.8 million** to support initiatives through the Behavioral Health Consortium, such as community naloxone, safe syringe exchange, withdrawal management, youth education, and medication-assisted treatment (MAT).

Council reviewed the DDDS Division Summary for state fiscal year (SFY) 2020. Funding by line items is located at end of summary. SFY 2020 budget includes:

- Funding of 159.2 for individuals graduating from school
- Funding of 1786.0 for individuals seeking a residential option
- Funding of 4.2 to reach the benchmark from the 2014 rate study; impact unknown at this time - DDDS is adopting the National Core Indicators (NCI) staff stability survey to identify DSP rates, turnover rates, and stability of DSP workforce
- Funding to move shared living provider’s hourly rate from \$8.75 to \$9.80. DDDS requested a reduction of 1977.9 due to changing shared living payment method by Medicaid payments going straight to shared living providers instead of DDDS supplementing until drawing payments from Medicaid
- Funding received for structural deficit at Stockley Center for health care cost related to contract for health care services due to salaries not keeping up with rate escalations - many state agencies contract with agencies for doctors and nurses due to low state offered payment rates
- OMB makes adjustments for personnel costs
- Fleet rate reduction due to reduction in vehicles and fuel
- Received funding for ongoing cost for incident management system, Harmony, launched August of last year
- Funding received for lease agreements of DDDS office space

- The roof of the pool at Stockley Center did not allow for condensation; therefore, the roof rusted and cost one million dollars to replace - DDDS requested and received one-time funding of 42.0 to replace the pool for aquatic therapy at Stockley Center with an endless pool.

- **Chart of Service Cost Per Person**

Council reviewed the DDDS Average Annual per Person Cost by Service chart. Information from Stockley Center appears as footnote at bottom of page, as average is much higher than other categories. DDDS to investigate origin of respite services \$830.00 per year cost as it appears lower. Case management cost of \$1038.00 per year includes only people who reside at the family home served by Columbus navigators.

Council member requested a break out of the residential habilitation total (\$106,864.00 per year). Currently two different procedure codes (neighborhood group homes and community living arrangement) can produce different cost although DDDS is unsure if procedure codes are correctly used. DDDS to provide at next meeting the histogram DDDS developed showing frequency distribution of service hours that may assist with break out.

Every step DDDS takes to move toward supporting people in the least restrictive environment appropriate makes it possible to serve additional people. DDDS needs to work harder to ensure that families are aware of all support options and that service providers are available to meet needs of individuals served.

New Hampshire, Vermont, and Maine mostly provide residential supports via shared living families. People that reside in shared living settings in Delaware have the highest longevity than any other residential settings without staff turnover, as the person is living with the family. In some instances where person has lived with a shared living provider for a long period and the provider is no longer capable of supporting person, another family member (sibling, sister, cousin, etc.) will become a shared living provider to continue supporting the person, like in a family.

Council member reported that his experience in this regard is different. His impression is that these are not forever homes as group home settings are to people. Group homes may become the forever home to person though staff turnover rate is currently at 30%. DDDS finds that staff turnover and different people moving to and from group home is more traumatizing to individuals than moving to different location. Council member reported that son's tolerance to others has grown significantly since moving to a group home due to engaging with many different people.

The planning process helps to determine community involvement in shared living. Data is currently available by person but DDDS is hopeful to get quantifiable data in the future. The NCI survey may assist but cannot compare one home against another. DDDS residential services are heavily skewed toward congregate settings as approximately 100 people reside in shared living settings with the other 1100 residing in congregate settings.

DDDS updates the Average Annual per Person Cost by Service chart annually and may be reviewed again next year with Council.

Lifespan Waiver Update

DDDS received approval for the renewal of the Lifespan Waiver for another five years.

Approximately 120 people attended the afterhours Wavier events for families in June that produced approximately 100 Waiver applications. Similar Waiver events to occur at the end of July, August and September. DMMA approves Lifespan Waiver applications then notifies DDDS. Reportedly, notification of 25-30 approvals occur in a single day at times.

Columbus Community Navigators may assist with a Lifespan Waiver application if requested. People should contact DDDS Community Services Lifespan Unit if a Columbus Community Navigator tells person they cannot assist with a

Lifespan Waiver application. DDDS staff receive all Lifespan Waiver applications and review all applications before sending to DMMA for approval.

Complaints about Columbus staff turnover is evidenced by Columbus' report that 20 staff turnovers occurred in 30 days. Before contacting families, Columbus Community Navigators are trained and evaluated. Columbus retrain Community Navigators if they observe or receive feedback from families or others that would indicate their employee is in need of additional training. However, if the employee continues to fail to meet standards, Columbus terminates the staff. Columbus hired a full time quality assurance administrator and a full time training administrator for Delaware. While Columbus' staff turnovers have recently slowed, DDDS is closely monitoring this issue with Columbus.

DDDS is working directly with Bank of America to prepare for a focused session for people enrolled in services with DDDS who work at Bank of America and want to receive Lifespan Waiver services. Event planned for August.

Carving Waiver People into Managed Care

On July 1, 2019 over 1000 people with IDD who live a provider-managed residential setting transitioned from Medicaid Fee-for-Service to Managed Care for their acute health care benefits. This transition has been very smooth. In fact, according to Mercer, a consultant group frequently involved in projects such as this stated that the process DDDS developed and implemented for this transition should set a new best practice. DDDS worked to prepare detailed packets with information about each person receiving residential services to inform the person's chosen MCO of his/her primary care physician, of current medications, of significant medical conditions, of guardian information, etc. This extensive up-front work allowed for an uninterrupted continuum of care via the MCO's. MCO insurance cards that DDDS received got hand delivered to region for distribution. Amerihealth used Medicaid numbers as insurance card identification number; therefore, people may continue to receive services using Medicaid number if insurance card is unavailable. The MCO's designed "pods" of case managers specifically for DDDS population that includes meeting specified criteria and specialized training. MCO case managers are engaging with people residing at group homes, with an average of 1 to 1 ½ hours per visit, per provider reports. MCOs have a single point of contact within DDDS for trouble shooting activities. The Assistant Director of Community Services for Operations, Stacy Watkins, is the single point of contact for DDDS. A resource mailbox is set up for flow of documents. Continuum of Care requirements continue for 90 days post implementation. Once the first 90 days have elapsed, the MCOs will re-evaluate to ensure appropriate services are in place.

Legislative Update

Council reviewed the following legislative information.

- **SCR 65 – DHSS Restructuring Task Force**
Establishes a 17-member committee to conduct a strategic review of DHSS, including our ongoing internal strategic planning initiative and receiving public input, and report its findings to the Joint Finance Committee by March 31, 2020.
- **SCR 62 – Establishment of DDDS Task Force**
Establishes a 15-member task force to study and make recommendations regarding DDDS policies, rules, structure and regulations. The Task Force will begin meeting no later than August 1, 2019 and will issue a report to the General Assembly and Governor by January 1, 2020.
- **HB123 Limited Guardianship**
Act allows the Court to appoint a guardian with limited powers, to act as guardian for specific areas of decision-making or for a specific term (signed into law 7/4/19).
- **SB27 w/SA1: Share the Care Act**
Permits an individual employed by a personal assistance services agency to administer medications to an adult individual who resides in the individual's own home if the caregiver meets following conditions: (1)

Authorizes the direct care worker to do so. (2) Prepackages the medication by date and time. (3) Provides written instructions regarding the administration procedure. (4) Enters into an agreement with a personal assistance services agency governing the administration of the medication by the direct care worker.

Revisions to DDDS Rules

- **Reportable Incident Management and Corrective Measures**

DDDS continued to offer opportunities for Service Providers to provide feedback and observations on the draft Reportable Incident and Corrective Measures regulation. DDDS found the comments to be extremely helpful. The feedback received, resulted in significant changes to the draft compared to the original version. In the future, DDDS plans to engage more directly with professional advocacy groups and parent groups. Although all have an opportunity to participate via the public comment period, DDDS believes hosting in-person stakeholder sessions to be very informative and of great value. An example of this type of engagement included a presentation during an “A Team” meeting. DDDS answered questions and encouraged members to offer comments.

DDDS continues to review all comments received during the public comment period. A proposed final draft should be ready for review by Director and Deputy by July 23, 2019. After approved internally, a final draft goes to DAG’s office to ensure changes did not cause legal conflicts.

The comment period officially closed on June 30, 2019. Council reviewed the *Proposed Regulation Update for 2103 Reportable Incident Management and Corrective Measures* handout that listed general areas of comment. Approximately 25% of comments surrounded concerns about wording, terminology, consistency, acronyms, etc. which was useful. The registrar’s office recommends paraphrasing similar comments and acknowledging changes going forward. DDDS keeps major comments individually and drafts individual answers to them. Posting of the final regulation, commentary, and DDDS response to commentary happens simultaneously so people can consider and compare together. DDDS plans to submit to registrar by August 15, 2019, for a posting of September 1, 2019. Regulations cannot become active until at least 10 days after posting. DDDS thinks of this regulation as evolving; therefore, if six months from now updates are necessary, DDDS will begin to revise the regulation. DDDS intends to have regular consultation meetings, three months, six months, etc. out to obtain feedback on the regulation and the implementation of the regulation.

DDDS plans to take changes resulting from process to reconcile internal standard operating procedures. At some point DDDS may need to propose changes to DHSS Policy Memorandum 46 (PM46). It is not possible for DDDS to make changes to this regulation that are in conflict with PM46. DDDS must first be in alignment with PM46 then revise DDDS Abuse, Assault, Attempted Suicide, Neglect, Mistreatment, Financial Exploitation and Significant Injury policy and then work that into the regulation.

Some of the major changes that are likely to be final is adding DMMA to the appeals process. With DMMA, the regulation allows for four levels of appeal for corrective measures.

Council member asked about abuse and neglect statistics. Review of statistics occur quarterly as a performance measure. DDDS is looking into getting support from Harmony to have custom reports generated via the Harmony system. The last time DDDS reported PM 46 statistics to Council on spreadsheets, now DDDS has the Harmony database system to pull information from. Review of PM46 statistics to occur at September’s Council meeting.

Sample Investigation Letters (before & after) and Draft of New Standard Investigation Letter sent to Guardians

Council members received sample investigation letters as requested during May 2019 meeting. Notification process not changed for years and DDDS DAG reported that Delaware Code addresses what investigation information is shared and with whom.

Council Chairperson determined to invite Laura J. Waterland, Esq., Disabilities Law Project Director to the September meeting to answer questions to assist with Council’s pursuit of changing the law. DDDS will also invite DDDS DAG to attend meeting as well.

Therap & Procurement of New Electronic Case Record System Updates

Deferred to next meeting.

Action Plan for FY20

Deferred to next meeting.

Other Business/Announcements

DDDS hopes to use the National Core Indicators (NCI) Consumer Survey data as part of the compliance data used to demonstrate how Delaware's Home and Community Based Services (HCBS) are compliant with the requirements outlined in the CMS HCBS Settings rule. One complication is that the data is not provider specific. DDDS plans to inquire with NCI representatives at an upcoming conference about the possibility of using NCI data to support compliance with the HCBS settings rule. The NCI Staff Stability survey allows States to add five state-specific questions that are not included in national data. Delaware will be designing state-specific questions to include in Delaware's NCI Staff Stability survey. Tennessee has used the NCI Staff Stability survey to collect data relative to staff stability and share this data with their local legislators, and DDDS envisions a similar purpose for Delaware's data.

DDDS NCI surveys are a subset of two surveys; service recipients that live with families and surveys for service recipients that live in a provider managed community setting. Guardian and/or family members may assist with surveys. During the last family survey, 35 out of the 80 surveys sent responded. Inclusion in the national data set statistics requires a fixed sample size; therefore, Delaware is not included. DSAAPD also participates in NCI surveys. All ideas are welcome to bolster responses from surveys. DDDS is brainstorming with U of D to identify ways to encourage people/families to complete surveys. The chairperson suggested setting up areas during conferences for people to complete surveys.

DDDS received approval from DHSS to amend the Pathways State Plan option to remove the upper age limit. Also included in amendment will be a minor technical adjustment to bring the rate setting methodology for home health and PASA agencies into alignment with the recent DDDS Waiver renewal.

The Pathways State Plan amendment is due for renewal in December. DDDS plans to submit the amendment concurrently with the renewal. Posting for public comment will be occurring soon.

Council asked to think about preferences of moving or rotating meeting locations.

Adjournment

Meeting adjourned at 12:05 p.m.

Future Meetings

September 19, 2019	10:00 a.m. – 12:00 p.m.
October 17, 2019	10:00 a.m. – 12:00 p.m.
November 21, 2020	10:00 a.m. – 12:00 p.m.